

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/708-320

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	/		/			
6		2		2		
7		5		5		
8		1		1		
9		1		1		
10		1		1		
11		3		3		
12		1		1		
13		1		1		
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TOTAL IND.	8		8		8	
TOTAL DEP.	194		194		194	
TOTAL CLAIMS	202		202		202	